Promoting Mental Health in Lower and Middle Income Country  
(Social Marketing Analysis of Mental Health Promotion Efforts by Indonesian Ministri of Health from Year 2010 to 2017)  

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Introduction  
Indonesia as lower middle-income countries are facing challenges in providing adequate resources to promote mental health. People with mental illnesses in Indonesia often have their diseases neglected, suffer in silence, consult traditional healers, or placed in institutions of very poor quality (Pols and Wibisono, 2017) Currently the MoH has been developing a community based mental health promotion or Upaya Kesehatan Jiwa Berbasis Masyarakat (UKJBM) by utilizing primary health care, involving community in preventing the increase of mental illnesses and building awareness on mental health (Kementrian Kesehatan, 2013 and 2016)  

Literature Review  
Until recently, there is no consensus on the field as to what mental health promotion entails (Jané-Llopis, 2007) Therefore, this research aims to explore mental health promotion not only in individual and micro level, but also in the macro level which include intervention in policy, programs, settings, and environment levels (Keleher and Armstrong, 2005). In order to analyse the program by MoH, the research employs eight benchmark criteria for social marketing introduced by French & Blair-Steven (2006). These criteria provide a clear suggestion on which area that require increased attention and support.  

Research Methodology  
This study used quantitative analysis to capture the trend in terms of themes of content related to mental health promotion in Indonesia.
Inclusion and exclusion criteria

We included materials that: 1) published in the Indonesian ministry of health media platform such as website and social media; 2) presented mental health issue in Indonesia during 2010 – 2017; 3) were available as promotion materials and not in the form of report or research publication

Literature searching strategy

We conducted a literature search from the following sources: books, scholarly journal articles, government documents, MoH’s website and social media, from 2010 up to May 2017. The year 2010 was chosen because the MoH started to publish all activities related to mental health in that year.

Figure 1 – literature searching process on materials related to mental health promotion in Indonesia.

Screening of materials

The contents published in Indonesian Ministry of Health’s website and social media that we identified were screened for relevance. The materials was read by RR, who are native Indonesian-language speakers. Two authors assessed the materials to ensure relevance to be included for analysis.
Method of analysis

We used thematic analysis by grouping the theme arised from the data. The data were coded into categories as discussed above.

Results

Five main efforts to promote mental health

Based on literature search within Ministry of Health’s media platform, there are five main health promotion efforts conducted during 2010 – 2017. These five main efforts are passing national legislation on mental health, delivering promotional program, implementing harm reduction approach, abolishing confinement, and building supportive environment through health system.

Content analysis

We found 106 data entry from January 2010 – May 2017 and categorized all data into six indicators: 1) Year of publication; 2) Actor(s) mentioned in the materials; 3) Type of mental health issue covered in the materials; 4) Source of materials; 5) Type of promotion efforts; 6) Type of publication.

1. Year of publication

There are 106 materials across channel. There is a significant differences in 2015 compared to the rest of the year.

2. Actor mentioned in the materials

There are 17 types of actor cited in the materials which include no mention of actor in the promotion materials. 64.8% of the promotional materials mention no actors at all. Minister of Health (MoH) has been cited second the most across all channel (12%) of the whole materials and followed by Head of Mental Health Division in MoH (4.8%). Other actors been cited in relatively small percentage such as talent for advertisement, Vice Minister of Health, Member of Parliaments and Psychiatrist. The rest of the actors are only mentioned once.

3. Type of mental health issue covered in the materials

The classification of mental health issue covered in the materials is based on Diagnostic and Statistical Manual of Mental Disorders 5th edition (American Psychiatric Association, 2013. Of the 88 contents with mental health issue covered, there are 22 different issues related to mental health. Moreover, the top five mental health issues raised by the Indonesian Ministry of Health are suicide, followed by depressive disorders, stress, substance-related and addictive disorders 10.5%, and schizophrenia spectrum and other psychotic disorders.

4. Source of materials

Contents that are eligible to be included in this research were available from three sources. Website has been used predominantly as the main channel to promote mental health followed by a small percentages from Youtube and Facebook.
5. **Type of promotion efforts**

All of health promotion efforts can be grouped into six categories such as event, strengthening current intervention, raising awareness through multiple media, online channel, law and regulation, and community mobilisation. Online channel and raising awareness through multiple media shared the top two of promotion effort conducted by Ministry of Health.

6. **Type of publication**

There are five publication types based on our findings, article, press release, printed materials, audio visual, and graphic.

**Discussion – Analyzing the effort from social marketing perspective**

**Behaviour**

The Indonesian MoH has a five-year strategic planning which include mental health. However there is no specific behavioural changes and indicator targeted at the citizen and all the target is only focus on the provision of service delivery (Kementrian Kesehatan, 2011).

**Customer orientation**

There is research on the situation of mental health in Indonesia, however it is very general on the prevalence of depression, confinement, and psychotic (Kementrian Kesehatan, 2013). In addition to that, the MoH has never made any campaign for specific target group, thus the approach made by the MoH never demonstrated any understanding of the target audience.

**Theory**

While there is no solid evidence that the Indonesian MoH used any theory for their program in their document, it can be concluded that they have used ecological models to health behaviour. Ecological models to health behaviour target multiple levels of factor to influence health behavior (Glanz et al, 2008). Furthermore, MoH has promoted mental health in multiple level by making specific national mental health law, mobilizing community, raising awareness, and equip health professional to be more sensitive to mental health.

**Insight**

Similar to customer orientation, the MoH has never conducted any research for target audience which tried to identify actionable insight for the health promotion. In addition to that, the key message for health promotion has been very general for all population and not target specific.
Exchange

Regarding exchange, in the materials provided by MoH, the type of information given is more on informational purpose related to mental health topic. There has not been any specific benefit offered on why people should be aware of mental health both for themselves and for their families and/or colleagues.

Competition

The Indonesian attitude toward mental illness can be considered as tolerant and less-discriminative as long as affected individual are not violent or too difficult for family to maintain (Pols and Wibisono, 2017) and (Kurihara et al, 2000). The current biggest challenge considered is the widely spread practice of confinement due to lack of access to health services thus making the treatment discontinued, not lack of information (Minas and Diatri, 2008). Addressing access to health can be a priority in tackling the competition.

Segmentation

Most of materials made by MoH is targeted to general population. There are some materials such as board game and video for kids but the number is very limited to be considered as part of segmentation for health promotion.

Methods Mix

MoH has used most of elements of marketing mix such as the idea of mental health as product, access to health services as place, and different communication materials as promotion. However, it is still very lack in terms of emphasizing price and benefit in influencing people to adopt the idea.

Conclusion

This is the first study reviewing mental health promotion effort by government agency in Indonesia. The findings revealed that there has been some coordinated and comprehensive effort in promoting mental health despite challenges and limitation. Analysis of the findings using social marketing approach showed that the effort is still far from the ideal in advancing mental health as from eight benchmark criteria, the Indonesian MoH has been doing well only in two criteria, the theory and methods mix. For the rest of the criteria has been very poor and even non-existent. This lack of strategy should be addressed and see as an opportunity to advance mental health in Indonesia.

References